

UNITED STATES DISTRICT COURT

for the
Middle District of Tennessee

M. B.

Plaintiff/Petitioner

v.

Dr. Wendy Long

Defendant/Respondent

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

Affidavit in Support of the Application

Instructions

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed:

Date:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0 .	\$ 0 .	\$ 0 .	\$ 0 .
Self-employment	\$ 0 .	\$ 0 .	\$ 0 .	\$ 0 .
Income from real property (such as rental income)	\$ 0 .	\$ 0 .	\$ 0 .	\$ 0 .
Interest and dividends	\$ 0 .	\$ 0 .	\$ 0 .	\$ 0 .
Gifts	\$ 0 .	\$ 0 .	\$ 0 .	\$ 0 .
Alimony	\$ 0 .	\$ 0 .	\$ 0 .	\$ 0 .
Child support	\$ 0 .	\$ 0 .	\$ 0 .	\$ 0 .

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Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Disability (such as social security, insurance payments)	\$ 0.00	\$ 849.00	\$ 0.00	\$ 849.00
Unemployment payments	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Public-assistance (such as welfare)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other (specify): VA BenefitsN/	\$ 0.00	\$ 1,329.00	\$ 0.00	\$ 1,329.00
Total monthly income:	\$ 0.00	\$ 2,178.00	\$ 0.00	\$ 2,178.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Douglas & Company	2622 Tom Austin Hwy, Springfield, TN	July 2014-March 17, 2015	\$ 1,350.00
Heartland Incorporated	2018 Memorial Blvd, Springfield, TN	May 2014-July 2014	\$ 700.00

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	\$ 0.00
			\$
			\$

4. How much cash do you and your spouse have? \$ 10.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
Farmer's Bank	Checking	\$ 10.00	\$
US Bank	Checking	\$ 10.00	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$ 110,000.00
Other real estate (Value)	\$ 0.00
Motor vehicle #1 (Value)	\$ 3,500.00
Make and year: Chevy 2002	
Model: Suburban	
Registration #: 1GNFK16Z321226487	
Motor vehicle #2 (Value)	\$ 800.00
Make and year: Chevy 1992	
Model: 1500	
Registration #: 2GCEK19K7N1111361	
Other assets (Value)	\$ 0.00
Other assets (Value)	\$ 0.00

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
N/a	\$ 0.00	\$ 0.00
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
RHB	Daughter	15
SSB	Daughter	12
LNB	Son	10

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment <i>(including lot rented for mobile home)</i> Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0.00	\$ 830.00
Utilities <i>(electricity, heating fuel, water, sewer, and telephone)</i>	\$ 0.00	\$ 400.00
Home maintenance <i>(repairs and upkeep)</i>	\$ 0.00	\$ 0.00
Food	\$ 0.00	\$ 807.00
Clothing	\$ 0.00	\$ 50.00
Laundry and dry-cleaning	\$ 0.00	\$ 20.00
Medical and dental expenses	\$ 0.00	\$ 0.00
Transportation <i>(not including motor vehicle payments)</i>	\$ 0.00	\$ 100.00
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ 20.00
Insurance <i>(not deducted from wages or included in mortgage payments)</i>		
Homeowner's or renter's:	\$ 0.00	\$ 0.00
Life:	\$ 0.00	\$ 0.00
Health:	\$ 0.00	\$ 0.00
Motor vehicle:	\$ 0.00	\$ 63.33
Other:	\$ 0.00	\$ 0.00
Taxes <i>(not deducted from wages or included in mortgage payments) (specify):</i>	\$ 0.00	\$ 0.00
Installment payments		
Motor vehicle: N/A	\$ 0.00	\$ 0.00
Credit card (name): US Bank	\$ 0.00	\$ 45.00
Department store (name): N/A	\$ 0.00	\$ 0.00
Other: N/A	\$ 0.00	\$ 0.00
Alimony, maintenance, and support paid to others	\$ 0.00	\$ 0.00

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Regular expenses for operation of business, profession, or farm (<i>attach detailed statement</i>)	\$ 0.00	\$ 0.00
Other (<i>specify</i>):	\$ 0.00	\$ 0.00
Total monthly expenses:	\$ 0.00	\$ 2,335.33

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid — or will you be paying — anyone other than an attorney (*such as a paralegal or a typist*) any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of these proceedings.
I have acquired over \$900,000 in medical expenses from a major illness, as documented in the complaint filed with this application. All available funds each month go toward those outstanding balances

13. Identify the city and state of your legal residence.
Springfield, Tennessee

Your daytime phone number: (615) 384-9491

Your age: 34 Your years of schooling: 13

Last four digits of your social-security number: 2185

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Defendant

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SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Dr. Wendy Long

In the care of:

Office of the Attorney General and Reporter
425 Fifth Avenue North
Nashville, TN 37243

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Christopher E. Coleman
Megan A. Metcalf
Tennessee Justice Center
301 Charlotte Avenue
Nashville, TN 37201

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*: _____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: